APPLICATION FOR SEARCH OF BIRTH RECORD FILES

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FURNIS	H ALL POSS	BIBLE INFO	DRMATION	- USE TYPE	WRITER	OR PRINT I	PLAINLY	
FULL NAME	FIRST			MIDDLE			LAST	
BIRTH PLACE	STREET	OR HOSP	ITAL	CITY OR	TOWNSH	IIP	COUNT	Y
DATE OF BIRTH	MONTH	DAY	YEAR		SEX	MALE		FEMALE
FATHER: First		Middle	Last		Parents address at time of birth.			
MOTHER: First		Middle		Maiden Na	ame		Married	Name
Applicati	on made by:				Mail cop	y to (if differ	ent than ap	plicant)
Name					Name			
Address					Address	;		
City	State		Zip		City		State	Zip
Your relationship to person					Intended Certifica			
Signature				_	Day Tim	e Phone # _		
Who is eligible to red Illinois St	ceive a certif tatutes state		rth certificate	es may <u>only</u>	be issued	to:		

- * The person to who the record relates (if the person is 18 years of age or older).
- * The parents of the person (if the parent is named on the certificate).
- * Legal Guardian (with Court Documentation to verify that fact).
- * Legal Representative to whom the record relates. This includes an agent with written notarized authorization from a person(s) named on a birth certificate for the purpose of obtaining a certified copy for that person.
- * Person having genealogical interest (certificate must have been on file for at least 75 years).

What form of identification is required?

* Driver's License or other picture identification

What is the cost of a certified copy?

* \$14.00 for the first copy and \$4.00 for each additional copy at time of request.

1)	14.00	6)	34.00	15)	70.00
2)	18.00	7)	38.00	20)	90.00
3)	22.00	8)	42.00	25)	110.00
4)	26.00	9)	46.00	30)	130.00
5)	30.00	10)	50.00	35)	150.00

Make all checks payable to: CITY OF MATTOON

208 N. 19th St. Mattoon, IL 61938

Number of copies requested at this time